MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/573307 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER I" AMENDMENT 2 [™] AMENDMENT AS FILED 1" AMENDMENT 2 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND

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